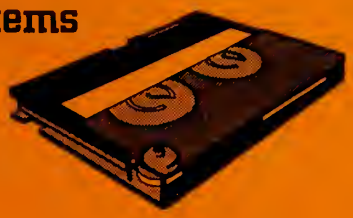
Office of Health Care Information Systems



Public Use Files Catalog

as of

July 1, 1997

Medicare/Medicaid Data Files

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy

Catalog Sections

July 1, 1997

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Please ensure that what you order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in this catalog. To process each order, the Health Care Financing Administration (HCFA) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 2 to 6 weeks for processing.

PRICES EFFECTIVE UNTIL JULY 1, 1998
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECTION I

AVAILABILITY OF PUBLIC USE FILES - INTERNET

NOTICE TO PUBLIC USE FILE CLIENTS

The Health Care Financing Administration (HCFA) is now offering some public use data files at no charge via the Internet.

The HCFA Website, like others on the World Wide Web, is dynamic and subject to many influences. URLs (Uniform Resource Locators), Menus and Information can change daily.

HCFA'S HOME PAGE ADDRESS is accessible from: <URL:http://www.hcfa.gov>

PUBLIC USE FILES are accessible from: <URL:http://www.hcfa.gov/stats/stats.htm>

WHENEVER POSSIBLE, YOU ARE ENCOURAGED TO OBTAIN YOUR DISKETTE DATA FILE(S) FROM THE INTERNET.

Prior years data files not listed on the HCFA Website are available at a cost.

Current Public Use Files available on the Internet.

END STAGE RENAL DISEASE (ESRD) FACILITY SURVEY FILE
END STAGE RENAL DISEASE (ESRD) RENAL PROVIDERS FILE
PROVIDER OF SERVICES - HOSPITAL LISTING
PPS XII EXEMPT
RENAL DIALYSIS FACILITIES
HCFA WAGE DATA
HCFA WAGE INDICES
PPS SSA/FIPS MSA STATE & COUNTY CROSSWALK ONLY
RECLASSIFIED HOSPITALS BY PROVIDER ONLY
HCFA MEDICARE CASE-MIX INDEX FILE
ICD-9-CM VERSION 14.0 FILE
PROSPECTIVE PAYMENT SYSTEM (PPS) PAYMENT IMPACT FILE
PROSPECTIVE PAYMENT SYSTEM (PPS) STANDARDIZING FILE
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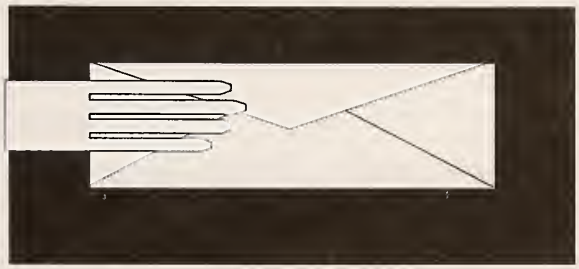
AFTER OUTLIER REMOVED/BEFORE OUTLIER REMOVED TABLES
DRGs RELATIVE WEIGHTS
DURABLE MEDICAL EQUIPMENT ORTHOTICS AND SUPPLIES FEE SCHEDULE (DMEPOS)

SECTION II

GENERAL INSTRUCTIONS FOR ORDERING PUBLIC USE FILES



Please ensure that what you order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in this catalog. To process each order, the Health Care Financing Administration (HCFA) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 2 to 6 weeks for processing.

Public Use Files (PUFs)
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
July 1, 1997

1. **Standard Output Specifications:**

   a. **Tape**

      1. Recording Mode - - - - - - - EBCDIC
      2. Tape Labeling - - - - - - - - - IBM Standard
      3. Density - - - - - - - - - - - - - (a) 6250 BPI or
         - - - - - - - - - - - - - (b) IBM 3480 Cartridge

   b. **Diskette 3 ½"**

      1. ASCII
      2. High Density

   c. **Standard Analytical Files (See Section VI)**

      1. Variable length
      2. Fixed length - multiple linked files - can be used by non-mainframe (PC-compatible for downloading)

2. **Method of Payment** (All monies must be drawn on a U.S. bank):

   a. Payments must accompany requests (No credit card payments). Make **company check** or **money order** payable to:

      Health Care Financing Administration-PUF
      or
      HCFA-PUF

   b. Electronic Transmitted Payment

      1. U.S. Federal Government Agencies need Agency Location Code
      2. U.S. Banks only (Accounting Office - 410-786-5428).

   c. **Effective as of January 1, 1993, Purchase Orders require prepayment.**

   d. Money will be returned if orders are sent more than 30 days before the stated availability of file.

3. **Public Use Files Inquiries:**

   a. The Public Use Files Hotline:
      (410) 786-3691

   b. The Public Use Files Fax number:
      (410) 786-6418

   c. The **Beneficiary Encrypted Files Hotline**:
      (410) 786-3690

   d. DSAF Hotline:
      (410) 786-0159

   e. General Statistical Inquiries:
      Medicaid: (410) 786-0165
      Medicare: (410) 786-3689

PRICES EFFECTIVE UNTIL JULY 1, 1998
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. MAILING INSTRUCTIONS:

a. Regular Mailing Address*:

Health Care Financing Administration
Public Use Files
Accounting Division
P. O. Box 7520
Baltimore, Maryland 21207-0520

b. Express Mailing Address*:

Health Care Financing Administration
BDMS - Public Use Files
7500 Security Boulevard - N3-14-11
Baltimore, Maryland 21244-1850

*Address must be written in its entirety.
Request must include name and telephone # of contact person.
(Allow 2-4 weeks for delivery depending on Volume of PUF orders received)

5. Magnetic Media Return Policy:

HCFA will honor written requests for replacement files within **60 days** of the shipment date provided the files are returned with an explanation of the problem.

Return Address:

HCFA/Data Release Area
Tape Library-PUF
7500 Security Boulevard - N1-26-11
Baltimore, Maryland 21244-1850

6. Reproducing Public Use Files Documentation:

If you reprint this package in whole or in part as an insertion to an article for distribution, notify:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Health Care Information Systems
Public Use Files - Publication Release
7500 Security Boulevard - N3-14-11
Baltimore, Maryland 21244-1850

Please Print Legible or Type

(This form is not to be used as a Beneficiary Encrypted Agreement Form)

PUBLIC USE FILES ORDER FORM

Health Care Financing Administration
Public Use Files
Accounting Division
P.O. Box 7520
Baltimore, Maryland 21207-0520
(410) 786-3691

Date: _____

PURCHASE REQUEST

	FILENAME	YEAR	COST
1.			
2.			
3.			
4.			
5.			
		TOTAL	

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: HCFA-PUF _____
(No Personal Checks. All checks must be drawn on an American bank.)
AGENCY LOCATION CODE (U.S. Federal Government) _____

OUTPUT SPECIFICATIONS: (See File Descriptions and Prices)

1. Tape (6250 BPI) _____ 2. Cartridge (3480) _____ 3. Diskette _____

(Standard Analytical Files Only a. Fixed _____ b. Variable _____)

EXPRESS COMPANY: (i.e., Fed Exp, Airborne, etc.) _____

EXPRESS ACCOUNT: (Number) _____

NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____

Allow 2-6 weeks for delivery.
This form can be reproduced for additional orders.

Data Quality Issues

Complete the following form and either:

Mail to: QAB Branch Chief
HCFA/BDMS/OSM/DDS/QUB
N2-14-17 North Building
7500 Security Boulevard
Baltimore, MD 21244

or Fax to: 410-786-1783
attn: OSM/DDS/QAB

Date: _____

Contact Name	Phone	Organizational Component

Describe issue (include how issue was discovered, run date, creation date, etc.):

System and/or files affected (including years): _____

Data elements or fields affected: _____

Any action taken to resolve issue? If so, please describe: _____

Attachments?: Yes ☐ No ☐ - If yes, please describe:

Additional Remarks: _____

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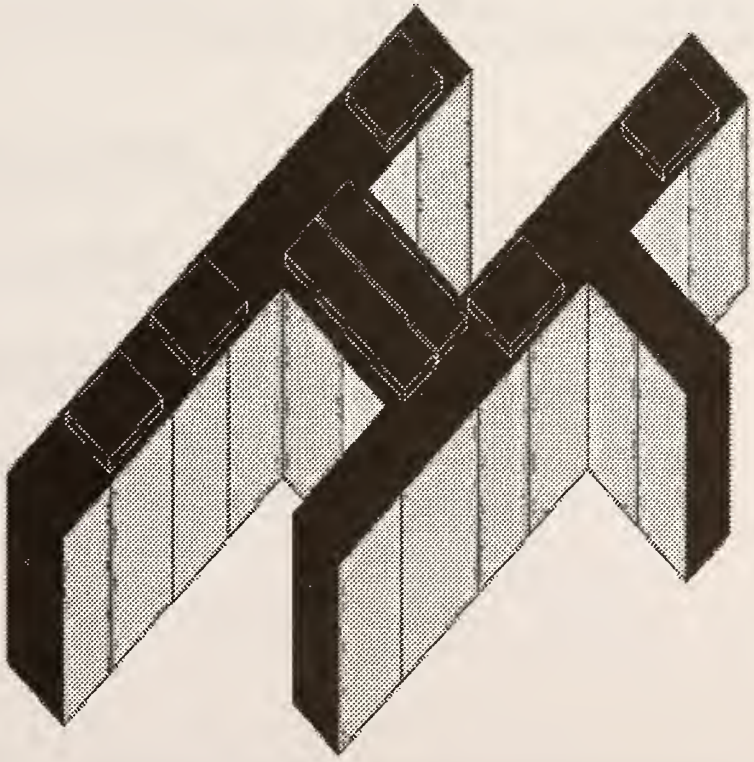

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(S) DENOTES AGGREGATED OR SUMMARY DATA

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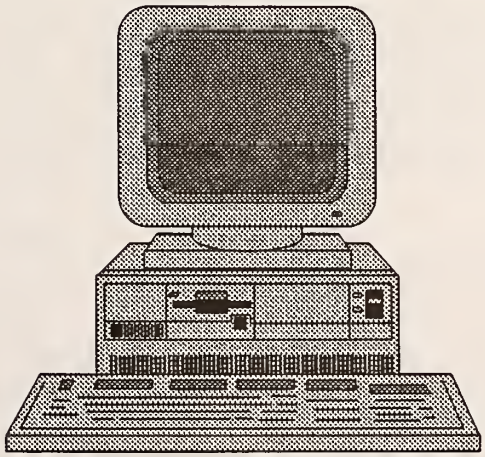

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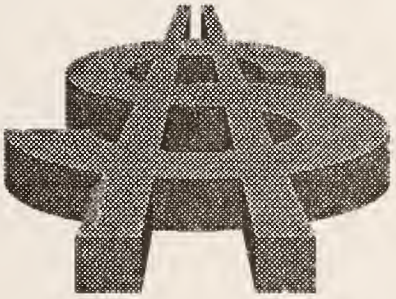

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HOSPITAL SERVICE AREA FILE

This file is derived from the calendar year inpatient claims data. The records contain numbers of discharges, length of stay, and total charges summarized by provider number and ZIP code of the Medicare beneficiary.

Media:	Tape/Cartridge
File Cost:	$715.00 per year
Periods Available:	CY 1986 through CY 1995

PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER FILE (FORMERLY: PART B PROCEDURE FILE)

This file provides an array of every Part B procedure and shows the related frequency and submitted and allowed charges for services processed by carriers.

Media:	Tape/Cartridge
File Cost:	$1,885.00 per year
Periods Available:	CY 1989 through CY 1995

ENROLLMENT

ANNUAL COUNTY ENROLLMENT FILE

This file is derived from the Enrollment Data Base (EDB) and contains aged enrollment data by age, race, and sex for county within State as well as data on census region, region and division codes, and county names. The file is produced in April and reflects enrollment as of July 1 of the previous year. The file has been edited for conformance with Privacy Act provisions.

Media:	Tape/Cartridge
File Cost:	$500.00 per year
Periods Available:	1987 through 1994

ANNUAL ZIP CODE ENROLLMENT FILE

This file is derived from the Enrollment Data Base (EDB) and contains aged and disabled enrollment data by age, race, and sex within ZIP code. The file is produced in April and reflects enrollment as of July 1 of the previous year. The file has been edited for conformance with Privacy Act provisions.

Media:	Tape/Cartridge
File Cost:	$500.00 per year
Periods Available	1987, 1988, 1992 through 1994

PROVIDERS

ESRD RENAL FACILITY SURVEY FILE

The End Stage Renal Disease (ESRD) Renal Facility Survey data are collected annually by HCFA from all facilities certified to provide Medicare-covered renal dialysis and transplantation. The survey, which includes the entire United States, uses Form HCFA 2744 and encompasses the full calendar year. Geographical data are included to the level of ZIP code for the facility. Each record contains facility information and information on the number of patients served, the number of dialysis treatments provided, and the number of kidney transplants performed. The data includes services to both Medicare and non-Medicare patients.

Media:	Diskette
File Cost:	$245.00 per year
Periods Available	CY 1987 through CY 1995

See Section I: Internet

ESRD RENAL PROVIDER FILE

The End Stage Renal Disease (ESRD) Renal Provider File contains Medicare approvers who furnish kidney dialysis and/or kidney transplant services. It includes the location of the providers and the range of renal services available at those providers.

Media:	Diskette
File Cost:	$145.00
Periods Available	January 1996 Update

See Section I: Internet

PROVIDER OF SERVICES

The Provider of Services (POS) Extract is created from the Online Survey and Certification and Reporting System (OSCAR) data base. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the HCFA regional offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Media: Tape/Cartridge
File Cost: $715.00 per year
Periods Available: CY 1991 through CY 1996
(Quarterly updates are available for the current year only.)

File Categories

1. Hospital
2. SNF/NF (dually)
3. SNF/NF (distinct)
4. Skilled Nursing Facilities (SNF)
5. Home Health Agencies (HHA)
6. Medicare Laboratories
7. Portable X-Rays
8. Physical Therapy/Speech Pathology
9. ESRD
10. Nursing Facilities
11. Intermediate Care Facility - Mentally Retarded
12. Rural Health Clinic
13. Physical Therapy - Independent Practice
14. Comprehensive Outpatient Rehab Facilities
15. Ambulatory Surgical Centers
16. Hospices
17. Organ Procurement Organization
18. CLIA67 Laboratories
19. Community Mental Health Centers
20. Screen Mammography
21. Federally Qualified Health Centers

PROVIDER OF SERVICES LISTING

The listing contains the hospital Medicare provider number, facility name, address, city and State, and ZIP code.

Media: Diskette
File Cost: $265.00

See Section I: Internet

COST LIMITS

MEDICARE HHA CYCLE 10 DATA SET

This file contains cost, statistical, and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning on or after July 1, 1992. The cost and statistical data were obtained from Medicare HHA cost reports (Forms HCFA 1828-86) and the Health Care Report Information System (HCRIS) for cost reporting periods ending on or after October 31, 1987 and before September 30, 1988. This file also contains the applicable 1982 and 1988 hospital-blended wage index and HHA Market Basket Adjustment Factor.

Media: Tape/Cartridge
File Cost: $715.00

MEDICARE HHA CYCLE 11 DATA SET DISKETTE

This file contains cost, statistical, and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning after July 1, 1993. The cost and statistical date were obtained from Medicare HHA cost reports (Forms HCFA 1728-86) and the Health Care Report Information System (HCRIS) for cost reporting periods ending on or after June 30, 1990 and before May 31, 1991. This file also contains the applicable 1988 hospital wage index and HHA Market Basket Adjustment Factor.

Media: Diskette
File Cost: $265.00

MEDICARE HHA CYCLE 12 DATA SET

This file contains cost, statistical and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning after July 1, 1996. The cost and statistical data were obtained from Free Standing Medicare HHA cost reports (Forms 1728-86 and 1728-94) for full cost reporting periods "Beginning" on "or after May 31, 1991 - and - which had "Settlement" dates of October 10, 1995 or earlier. This file also contains the applicable 1992 hospital wage index and HHA Market Basket Adjustment Factor.

Media: Diskette
File Cost: $265.00

MEDICARE SNF CYCLE 10 DATA SET

The file contains cost, statistical, and other data used in establishing the Skilled Nursing Facility (SNF) Cost Limits and Low Medicare Volume Prospective Payment Rates for fiscal periods beginning on or after October 1, 1989. The cost and statistical data were obtained from Medicare SNF cost reports (Forms HCFA 2540-86 and HCFA 2540-87) and the Health Care Report Information System (HCRIS) for cost reporting periods ending January 31, 1988 through December 31, 1988. This file also contains the applicable 1984 hospital wage index and SNF Market Basket Adjustment Factor.

Media: Tape/Cartridge
File Cost: $715.00

MEDICARE SNF CYCLE 11 DATA SET

The file contains cost, statistical, and other data used in establishing the Skilled Nursing Facility (SNF) Cost Limits and Low Medicare Volume Prospective Payment Rates for fiscal periods beginning on or after October 1, 1992. The cost and statistical data were obtained from Medicare SNF cost reports (Forms HCFA 2540-86 and HCFA 254-87) and the Health Care Report Information System (HCRIS) for cost reporting periods ending June 2, 1988 through September 29, 1989. This file also contains the applicable 1984 hospital wage index and SNF Market Basket Adjustment Factor.

Media:	Tape/Cartridge
File Cost:	$715.00

COST REPORTS-INPATIENT

PPS IV-XII MINIMUM DATA SETS

The minimum Data set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media: Tape/Cartridge

	Periods beginning on or after and before	
PPS IV	10/01/86	10/01/87
PPS V	10/01/87	10/01/88
PPS VI	10/01/88	10/01/89
PPS VII	10/01/89	10/01/90
PPS VIII	10/01/90	10/01/91
PPS IX	10/01/91	10/01/92
PPS X	10/01/92	10/01/93
PPS XI	10/01/93	10/01/94
PPS XII	10/01/94	10/01/95

File Cost: $715.00 per year

COST REPORTS-CAPITAL

PPS IX-XII CAPITAL DATA SET

The Capital Data set contains selected data for capital-related costs, interest expense and related information, and complete balance sheet data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary of HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media: Tape/Cartridge

	Periods beginning on or afterand before	
PPS IX	10/01/91	10/01/92
PPS X	10/01/92	10/01/93
PPS XI	10/01/93	10/01/94
PPS XII	10/01/94	10/0195

File Cost: $715.00 per year

COST REPORTS-SKILLED NURSING FACILITY

SKILLED NURSING FACILITY MINIMUM DATA SET

The Skilled Nursing Facility (SNF) Minimum Data set contains cost, statistical, financial and other data from the Medicare SNF Cost Report and Hospital-Based SNF Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified SNF by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the close of each calendar quarter and is available on the last day of the following month.

Media: Tape/Cartridge

	Periods beginning on or afterand before	
SNF YEAR 1	10/01/88	10/01/89
SNF YEAR 2	10/01/89	10/01/90
SNF YEAR 3	10/01/90	10/01/91
SNF YEAR 4	10/01/91	10/01/92
SNF YEAR 5	10/01/92	10/01/93
SNF YEAR 6	10/01/93	10/01/94
SNF YEAR 7	10/01/94	10/01/95

File Cost: $715.00 per year

COST REPORTS - HOSPITAL COST REPORT SYSTEMS MASTER FILE

HOSPITAL COST REPORT SYSTEMS MASTER FILE

The Hospital Cost Report master file contains one copy of each version (as submitted, settled, reopened) of each HCFA-2552-92 cost report filed with HCFA. The data includes each line item originally included in the cost extract that is created for HCFA by the Medicare Fiscal intermediary that services the period beginning date on the file is 10/01/91 and the latest fiscal period ending data will be 09/29/96. The file is updated as cost reports are received at HCFA.

Media:	Tape/Cartridge
File Cost:	$1,000.00

COST REPORTS - HHA PRACTICAL DATA SET

HOME HEALTH AGENCY (HHA) PRACTICAL DATA SET

The HHA Practical Data Set contains statistical and utilization data, total cost and Medicare cost by cost center, settlement data and financial data for Medicare-certified free standing hospital-based HHAs and Skilled Nursing Facility (SNF)-based HHAs. The data set include only the most current report (as submitted, final settled or reopened) submitted for a certified facility by the Medicare Fiscal Intermediary to HCFA. These data sets are updated at the end of each calendar quarter and are available on the last day of the following month.

	Period beginning on or after	and before
HHA 95	1/1/94	10/1/94
HHA 96	10/1/94	10/1/95

NOTE: HHA data set will include cost reports only for fiscal years ending on or after December 31, 1995

Media: Tape/Cartridge
File Cost: $715.00 per year

COST REPORTS - PPS EXEMPT UNITS

PPS - EXEMPT UNITS

The Exempt Hospitals and Excluded Units file contains cost, statistical and ancillary charges data for hospitals and subproviders of hospitals that are exempt from the Prospective Payment System. The dataset includes only the most precise version of the cost report filed with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media: Diskette (ASCII and PKZIP compressed)
File Cost: $265.00

Periods beginning on or after	and before	
PPS-IX	10/01/91	10/01/92
PPS-X	10/01/92	10/01/93
PPS-XI	10/01/93	10/01/94
PPS-XII	10/01/94	10/01/95

See Section I: Internet

COST REPORTS - RENAL DIALYSIS FACILITIES

RENAL DIALYSIS FACILITIES

The Renal Dialysis Facilities Cost Report Extract contains cost and statistical data for free-standing and hospital based renal dialysis providers. The data is held in two separate files on each diskette. The dataset includes only the most precise version of each cost report filed with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media:	Diskette (ASCII or PKZIP compressed)
File Cost:	$265.00
Period Available:	1993 through 1995

See Section I: Internet

COST REPORTS - WORKSHEET A DATA SET

WORKSHEET A DATA SET

The Worksheet A file contains the extract of the trial balance portion of HCFA-2552-92 Hospital Cost Reports. The dataset includes only the most precise version of the cost report file with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media: Tape/Cartridge
File Cost: $715.00

Periods beginning on or after	and before	
PPS-IX	10/01/91	10/01/92
PPS-X	10/01/92	10/01/93
PPS-XI	10/01/93	10/01/94
PPS-XII	10/01/94	10/01/95

COST REPORTS-OUTPATIENT

PPS IX-XII MEDICARE PART B DATA SET

This file contains Part B Medicare cost and charges by cost center from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media: Tape/Cartridge

	Periods beginning on or after	and before
PPS IX	10/01/91	10/01/92
PPS X	10/01/92	10/01/93
PPS XI	10/01/93	10/01/94
PPS XII	10/01/94	10/01/95

File Cost: $715.00 per year

PAYMENT RATES-INSTITUTIONAL PROVIDERS

HCFA WAGE DATA

The hospital hours and salaries for 1988 used to create the wage indices used in the Medicare Hospital Prospective Payment System (PPS).

Processing Year	Wage Data Year	PPS Fiscal Year
97	94	98
96	93	97
95	92	96
94	91	95
93	90	94
92	89	93
91	88	92

Note: In years prior to processing Year 91, the wage data was referred to as 1988 wage survey data.

1. Notice of Proposed Ruling(NPRM) published in the Federal Register, usually by the end of May.
2. Final Rule published in the Federal Register, usually by the first week of September.

Media: Diskette
File Cost: $145.00 per year/per file
Periods Available: FY 1996 PPS Update

See Section I: Internet

HCFA HOSPITAL WAGE INDICES (Formally: Urban/Rural/Hospital/Wage Indices)

A history of all wage indices used since October 1, 1983.

Media: Diskette
File Cost: $145.00 per year/per file
Periods Available: FY 1996 PPS Update

See Section I: Internet

PPS SSA/FIPS MSA STATE AND COUNTY CROSSWALK

A crosswalk of state and county codes used by the Social Security Administration (SSA) and the Federal Information Processing Standards (FIPS), county name, and a historical list of Metropolitan Statistical Area (MSA).

Media: Diskette
File Cost: $145.00 per year/per file
Periods Available: FY 1996 PPS Update

See Section I: Internet

RECLASSIFIED HOSPITAL BY PROVIDERS ONLY

A file of hospitals that were reclassified for the purpose of assigning a new wage index. Two versions of these files are created each year and support the following items:

1. Notice of Proposed Ruling(NPRM) published in the Federal Register, usually by the end of May.
2. Final Rule published in the Federal Register, usually by the first week of September.

Media: Diskette
File Cost: $145.00 per year/per file
Periods Available: FY 1997 PPS Update

See Section I: Internet

HCFA MEDICARE CASE-MIX INDEX FILE

This file contains the Medicare case-mix index by provider number as published in each year's update of the Medicare Hospital Prospective Payment System (PPS). The case-mix index is a measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare Hospital cases, using Diagnosis-Related Group (DRG) weighs as a measure of relative costliness of cases.

PPS FY RULES	GROUP VERSION	# DRGS	MEDPAR DATA YEAR			PUBLISH DATES	
			NPRM UPDATE	FY	FINAL UPDATE	NPRM	FINAL
FY89	6.0	477	12/87	87	6/88	5/88	9/88
FY90	7.0	477	12/88	88	6/89	5/89	9/89
FY91	8.0	490	12/89	89	6/90	5/90	9/90
FY92	9.0	492	12/90	90	6/91	5/91	9/91
FY93	10.0	494	12/91	91	6/92	5/92	9/92
FY94	11.0	495	12/92	92	6/93	5/93	9/93
FY95	12.0	495	12/93	93	6/94	5/94	9/94
FY96	13.0	495	12/94	94	6/95	5/95	9/95
FY97	14.0	495	12/95	95	6/95	5/96	9/96

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register, usually by the end of May.

See Section I: Internet

2. Final Rule published in the Federal Register, usually by the first week of September.

Media: Diskette
File Cost: $145.00 per year

ICD-9-CM VERSION 14.0 FILE

This diskette includes the following files and a corresponding abbreviated narrative description of each file.

a. Major Diagnostic Category (MDC)
b. Diagnostic Related Group (DRG)
c. ICD-9-CM Diagnostic Code
d. ICD-9-CM Procedure Code

These files are updated after the publication of the Final Rule in the Federal Register, usually by the first week of September.

Media:	Diskette
File Cost:	$145.00
Periods Available:	FY 1997 PPS Update

See Section I: Internet

FY 1997 PPS PAYMENT IMPACT FILE

This file contains data used to estimate FY 1997 payments under Medicare's Prospective Payment System (PPS) for capital costs. The data are taken from various sources, including the Provider Specific file, the PPS-X and PPS-XI Minimum Data sets, and prior impact files. The dataset is abstracted from an internal file used for the impact analysis of the changes to PPS published in the Federal Register. This file is available for release one month after the Final Rule is published in the Federal Register, usually during the first week of September.

Media:	Diskette
File Cost:	$145.00
Periods Available:	FY 1997 PPS Update

See Section I: Internet

PPS STANDARDIZING FILE

This file contains information that standardizes the charges used to calculate relative weights to determine payments under PPS. Variables include wage index, Cost of Living Adjustment (COLA) case mix index, disproportionate share, and the Metropolitan Statistical Area (MSA). A new file is created for both the Notice of Proposed Ruling (NPRM) and the Final Rule. The records are in provider number sequence; it is possible to have missing values in some records.

Media:	Diskette
File Cost:	$145.00
Periods Available:	PPS Update 1997

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register by the end of May.

2. Final Rule published in the Federal Register, usually by the first week of September.

See Section I: Internet

PROVIDER SPECIFIC FILE

This file is a component of the PRICER program used in the Fiscal Intermediary's (FI) system to compute individual Diagnosis Related Group (DRG) payments. The file contains records for all Prospective Payment System (PPS)-eligible hospitals, including hospitals in waiver States and data elements used in the PPS recalibration processes and related PPS activities.

Media:	Diskette
File Cost:	$265.00 per year
Periods Available	PPS Update 1997

See Section I: Internet

AOR/BOR TABLES

This diskette contains data used to develop the Diagnosis Related Group (DRG) relative weights. It contains mean, maximum, minimum, standard deviation, and co-efficient of variations statistics by DRG for length of stay and standardized charges. The BOR tables are "Before Outliers Removed" and the AOR is "After Outliers Removed". (Statistical outliers, not payment outliers.)

The following are the two versions of this file as published in the Federal Register:

1. Notice of Proposed Ruling (NPRM) usually published by the end of May.

2. Final Rule usually published by the first week of September.

Media:	Diskette
File Cost:	$145.00
Periods Available	FY 1997 PPS Update

See Section I: Internet

DRGs RELATIVE WEIGHTS (Formally: Table 5 - DRGs)

This file is a listing of DRG's narrative description, relative weight, geometric mean, length of stay, and day outlier trim points. This table is published in the Federal Register as part of the Prospective Payment System Notice of Proposed Rule Making and the Final Notice.

Media:	Diskette
File Cost:	$145.00
Periods Available:	FY 1997 PPS Update

See Section I: Internet

PAYMENT RATES-NON-INSTITUTIONAL PROVIDERS

AMBULATORY SURGICAL CENTER BASE ELIGIBILITY FILE

The Ambulatory Surgical Center (ASC) Base Eligibility file contains Current Procedural Terminology (CPT) codes of all surgical codes, range 10040 through 69999. It contains current ASC eligibility and payment group levels. Included are the initial date of ASC eligibility and effective date of current ASC eligibility. Historical data are not available with this file.

Media:	Diskette
File Cost:	$75.00
Periods Available:	CY 1997

See Section VIII: Copyright

ANNUAL PHYSICIAN FEE SCHEDULE PAYMENT AMOUNT-NATIONAL

This file has been renamed the Annual Physician Fee Schedule Payment Amount File -- National. This file contains one record for each unique combination of carrier, locality, procedure, and certain modifiers. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with each locality. This file is available after publication in the Federal Register, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1. Files purchased after January 1 will contain pricing data for carrier-priced services for the prior year. Files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Media	Tape/Cartridge
File Cost:	$1,155.00 per year
Periods Available:	CY 1992 through CY 1997

See Section VII: Copyright

ANNUAL PHYSICIAN FEE SCHEDULE PAYMENT AMOUNT-SELECTED CARRIER

This file has been renamed the Annual Physician Fee Schedule Payment Amount File -- Selected Carrier. This file contains locality-specific pricing amounts for services covered by the Medicare Physician Fee Schedule. The file contains one record for the unique combination of carrier, locality, procedure, and certain modifier. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with the locality. This file is a subset of the Annual Physician Fee Schedule Payment Amount File -- National. This file is available after publication in the Federal Register, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1. Files purchased after January 1 will contain pricing data for carrier-priced services for the prior year. Files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Media:	Tape/Cartridge
File Cost:	$400.00 per carrier per year
Periods Available:	CY 1992 thru CY 1997

See Section VII: Copyright

CARRIER/LOCALITY STATE & COUNTY FILE

This file contains a record for each unique combination of carrier, locality, State, and county. It contains carrier number, carrier locality code, county name, Federal Information Processing Standards (FIPS) State and county codes, Social Security Administration (SSA) State and county codes, and Metropolitan Statistical Area/Business Enterprise Area (MS/BEA) assignment. MSA/BEA assignment and carrier locality codes for the yearsare recorded.

Media:	Diskette
File Cost:	$145.00

See Section I: Internet

CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-CARRIER FILE

This file contains the carrier-specific fee schedules and national limitation amounts for the clinical laboratory services that are covered under the clinical Diagnostic Laboratory Fee Schedule. Files for 1994 and earlier contain pricing amounts for annual new and revised codes only. Each carrier's data is contained in a separate file; a total of 55 separate files are on the diskette. For each unique combination of procedure, carrier and locality, these files contain the carrier 60% and 62% fee schedules and the 60% and 62% national limitation amounts. The locality field on these files identifies States for multi-State carriers.

Media	Diskette
File Cost:	$265.00 per year
Periods Available:	CY 1993-CY 1994

See Section VII: Copyright

CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-NATIONAL FILE

This file contains the national limitation amounts for services covered under the Clinical Diagnostic Laboratory Fee Schedule. For each procedure, these data include the 60% and 62% national limitation amounts.

Media:	Diskette
File Cost:	$145.00 per year
Periods Available:	CY 1993-CY1994 (a) ASCII file or (b) LOTUS File

See Section VII: Copyright

CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-NATL/CARRIER

The file contains the carrier-specific fee schedules and national limitation amounts for the clinical laboratory services that are covered under the clinical Diagnostic Laboratory Fee Schedule. The 1995 file contains pricing amounts for all clinical laboratory codes. For 1995 and 1996, each carrier's data is contained in a separate file; a total of 55 separate files are on the diskette. For 1997 and forward, all carrier-specific fee schedules and national limitation amounts will be contained in one file. For each unique combination of procedure, carrier, and locality, these files contain the carrier 60% and 62 % fee schedules and the 60% and 62% national limitation amounts. The locality field on these files identifies States for multi-State-carriers.

Media:	Diskette
File Cost:	$350.00 per year
Periods Available:	a. CY 1995-CY 1996 File is ASCII and LOTUS formats b. CY 1997 File is ASCII and EXCEL formats

See Section VII: Copyright

NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE

This file contains information on services by the Medicare Physician Fee Schedule. For more than 10,000 physician services, the file contains the associated Relative Value Units (RVUs), a fee schedule coverage indicator, and various payment policy indicators needed for payment adjustments (i.e., payment of assistant at surgery, team surgery, billable medical supplies, etc.). The file contains one record for each unique combination of procedure code and modifier. This file is available after publication in the Federal Register, usually in late November. Current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1. For 1997 and foward, this file will contain a separate file of the Geographic Practice Cost Indicies (GPCIs).

Media:	Diskette
File Cost:	$355.00 per year
Periods Available:	CY 1992 through CY 1997

See Section VII: Copyright

DURABLE MEDICAL EQUIPMENT, PROSTHETICS/ORTHOTICS, AND SUPPLIES (DMEPOS) FEE SCHEDULE

The file contains a fee schedule amount, floor, ceiling, jurisdiction, and category for each unique combination of procedure code, modifier code (where applicable), and state. The file is sorted in ascending DMEPOS catetgory/procedure code/modifier order. The DMEPOS fee schedule will be updated on a quarterly basis, with the January 1 implementation date being the primary update. In addition to the January file, updated PUFs will be available in early April, July, and October. These PUFs will be complete replacement files for the DMEPOS fee schedule, not only the quarter changes.

Media:	Diskette
File Cost:	$145.00
Periods Available:	CY 1997

PAYMENT RATES-CAPITATION

AAPCC COUNTY RATES FILE

The Adjusted Average Per Capita Cost (AAPCC) methodology used to set payment rates to Health Maintenance Organizations (HMOs) adjusts for age, sex, Medicare status, and institutional status of the Medicare beneficiaries in a given county. The adjustment process hinges on the demographic factors that are developed from the current Medicare survey and upgraded periodically based on Medicare cost experience.

Media:	Diskette
File Cost:	$145.00 per year
Periods Available:	1997 Rates

Section I: Internet

UTILITIES/MISCELLANEOUS

BERENSON-EGGERS TYPE OF SERVICE FILE

This file contains the Berenson-Eggers Type of Service (BETOS) codes and their descriptions and the Health Care Financing Administration Common Procedure Coding System (HCPCS) procedure codes that are assigned to each of the BETOS codes. In the future, this file will contain the HCPCS modifier when it is required to make more precise BETOS code assignments.

Media:	Diskette
File Cost:	$145.00

See Section VII: Copyright

ICD-9-CM CONVERSION SOFTWARE/FILES

The purpose of the Electronic ICD-9-CM Diagnosis and Procedure Conversion Tables Reporting System for FY 1986-FY 1996 is to provide a systematic approach to tracking modifications to codes and/or descriptions made to ICD-9-CM each year. The system was approved by HCFA and the National Center for Health Statistics (NCHS). The system contains tables sorted and presented in different orders for easy comment on code changes. This Electronic Reporting System (ERS) is the official version of the code changes. The system is updated after the publication of the final rule on code changes in the Federal Register.

Media:	Diskette
File Cost:	$265.00 per year
Periods Available	FY 1986 through FY 1997

MEDICARE PART B DURABLE MEDICAL EQUIPMENT SUPPLIER

This file contains the names, physical addresses and mailing addresses of suppliers of durable medical equipment, prosthetics, orthotics and supplies that have been issued supplier numbers by the National Supplier Clearinghouse. This information is current as of October 5, 1996. Suppliers enumerated after this date are not included. This information was recorded by suppliers on HCFA Form 192. This data set is updated during January of each year, includes the previous calendar year data and is available on the last day of the following month.

Media:	Tape/Cartridge
File Cost:	$715.00

MEDICAID

MEDICAID DRUG UTILIZATION BY STATE BY QUARTER

The Medicaid Drug Utilization file contains State by State information on drug utilization by the Medicaid program. All drugs are identified by National Drug Code (NDC). The drug utilization is reported by individual drug products and includes the number of units of the drug that were reimbursed by the Medicaid program. The file also contains information on the number of prescriptions filled for each drug. No pricing data is included. The quarterly file consists of approximately 500,000 records and is continuously updated.

Media:	Tape/Cartridge
File Cost:	$500.00 per quarter
Periods Available:	Calendar quarter beginning 1/91

MEDICAID DRUG PRODUCT DATA

The Medicaid Drug Product Data file contains the entire roster of drugs that are reimbursable under the Medicaid Drug Rebate program. All drugs are identified by National Drug Code unit type, the units per package, the product name, the Federal Drug Administration (FDA) approval date and the date the product entered the market. Also included are indicators for single or multiple source, RX or Over the Counter, Drug Efficacy Study Implementation (DESI) rating and the FDA Therapeutic Equivalency Rating. There are approximately 70,000 records in this file.

This file will be updated every calendar quarter on the first day of the quarter.

Media:	Tape/Cartridge
File cost:	$500.00 per quarter

MEDICAID STATISTICAL FILE

The file contains the complete Form HCFA-2082, *Statistical Report on Medical Care; Eligible, Recipients, Payments and Services*, a report of Medicaid cost and utilization data that is submitted annually by States, territories, and the District of Columbia. The report summarizes data on Medicaid-eligible recipients, service utilization, and medical vendor payments on a federal fiscal year basis. All data are reported on the basis of individuals who receive medical care, rather than cases or families.

Periods Available:

1. Fiscal Year 1989:

   Data for sections C through N are excluded for Rhode Island, Puerto Rico, Wyoming and Massachusetts' Blind Population.

2. Fiscal Year 1990:

   Data for sections C through N are excluded for Puerto Rico, and Massachusetts' Blind Population.

3. Fiscal Year 1991 and 1992:

   This is the first year for inclusion of Arizona's Medicaid data into the 1991 Medicaid database. Data for sections C through N are excluded for Rhode Island, Puerto Rico, and Massachusetts' Blind Population

4. Fiscal Year 1993:

   Data for Sections C through N are excluded for Rhode Island and Puerto Rico.

5. Fiscal Year 1994:

   Data for Sections C through N are excluded for Rhode Island and Puerto Rico.

Media: Tape/Cartridge (Recording Mode: SAS)
File Cost: $500.00 per year

MEDICAID STATISTICAL FILE DISKETTE

This file is based on information reported to HCFA by 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. The information is reported on the Form HCFA 2082, *Statistical Report on Medical Care: Eligible Recipients, Payments, and Services*. These tables are provided as a public service. HCFA cannot guarantee the accuracy of the data that were obtained from State Medicaid agencies.

A. Sections A and B Form HCFA 2082 are extracted for fiscal years 1987 through 1989.

B. Sections A, B, and part of E and H (age, sex and race) of the Form 2082 are extracted for fiscal year 1990.

Media: Diskette
File Cost: $145.00 per year
Periods Available FY 1987 through FY 1990

C. Sections A thru M of the Form HCFA 2082 are extracted except I, J and N for fiscal years 1991 and 1992.

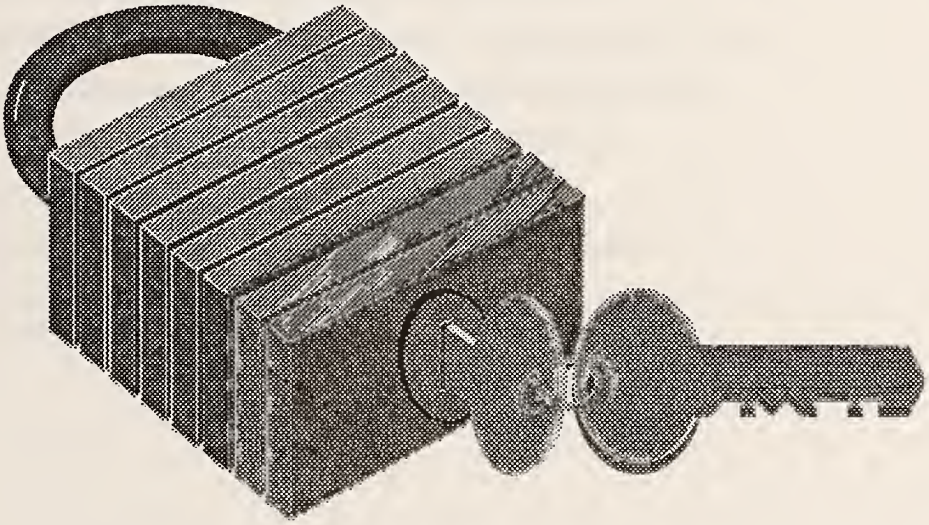
D. Sections A through L of the Form HCFA 2082 are extracted except I, J, M, and N for fiscal years 1993 and 1994.

E. Sections C through N are excluded for Puerto Rico. Sections C, D(1) and D(4) are excluded for Hawaii. Sections I through N are exclued for Virginia Isdlands except for Sections K(1), K(1) and L(2) for fiscal year 1995.

Media: Diskette
File Cost: $190.00 per year
Periods Available FY 1991 through FY1995
1. ASCII print file of individual tables

SECTION VI

BENEFICIARY ENCRYPTED FILES



Please ensure that what you order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in this catalog. To process each order, the Health Care Financing Administration (HCFA) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 2 to 6 weeks for processing.

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July 1, 1997

CHANGE OF "RESTRICTED PUF" TO BENEFICIARY ENCRYPTED FILES

Due to the recent emphasis at HCFA on privacy, confidentiality and the enactment of the Health Insurance Portability and Accountability Act of 1996 (H.R. 3103), HCFA is changing its policy in regard to "Restricted Public Files" (PUFs). "Restricted PUFs" will now be referred to as Beneficiary Encrypted files. These Beneficiary Encrypted files may be released to entities with a need for data. The entity w ill be required to sign a Data Release Agreement which serves to protect the confidentiality of the data and to prevent unauthorized disclosures.

The files affected by this change are:

- Standard Analytical files (SAFs)
    - Physician/Suppliers Part B
    - Durable Medical equipment
    - Outpatient
    - Inpatient
    - Home Health Agency
    - Hospice
    - Skilled Nursing Facility
- Durable Medical Equipment-Claims
- Expanded Modified MEDPAR-Hospital (National) File;
- Expanded Modified MEDPAR-Hospital (State) File;
- Expanded Modified MEDPAR-SNF File;
- Physician Sample File
- Denominator File; and
- Health Insurance Skeleton Eligiblity Write-off (HISKEW) File

Please complete the order form entitled "Public Use Files Order Form" when ordering these files. A Data Release Agreement for Beneficiary Encrypted Files must be completed and submitted with your order.

For information regarding the policies for requesting Beneficiary Encrypted Files, please contact BDMS, OHCIS, DHCIS, Information Liaison Branch on (410) 786-3690 (Data Release Hotline).

For information about the file content and release of data files, contact BDMS, OHCIS, DHCIS, Information Processing Branch on (410) 786-3691.

THE AGREEMENT FOR RELEASE OF HEALTH CARE FINANCING ADMINISTRATION (HCFA) BENEFICIARY ENCRYPTED FILES INSTRUCTIONS FOR COMPLETING

This agreement must be completed prior to the release of Beneficiary Encrypted Files as described in the Public Use Files Encrypted Files Section. The files requiring the completion of this agreement have a statement to that effect as part of the file description.

This agreement should be completed and submitted with your Beneficiary Encrypted Files Order Form and payment. Directions for the completion of the agreement follow:

- Enter the specific names of the files being requested in column entitled "Filename". The corresponding year(s) for those files should be entered on the appropriate line in the column entitled "Years";
- The individual requesting the data should enter his/her name in the space identified as "Requestor Name". The company or organization name, address and phone number (including area code) should be entered in the corresponding spaces;
- The first line on the signature page should contain the typed or printed name and title of the requestor;
- The second line should contain the signature of the requestor and the date the agreement was signed. This signature indicates that the requestor has read and agrees tot he conditions outlined in the agreement;
- The third line should contain the typed or printed name of the custodian of the files, if this is a different individual than the requestor. The custodian of the files is defined as that person who has actual possession of, and responsibility for, the data files. If the custodian of the files is the requestor, lines 3 and 4 should be left blank;
- The fourth line should contain the signature of the custodian is different than the requestor and the date the agreement was signed;

Lines 5 and 6 will be completed by HCFA.

AGREEMENT FOR RELEASE OF HEALTH CARE FINANCING ADMINISTRATION (HCFA) BENEFICIARY ENCRYPTED FILES

In order to ensure the confidence of the American public regarding the confidentiality of information collected and maintained by the Federal government, HCFA expects the requestors and recipients of its data to agree to observe the following conditions and to comply with these requirements. These requirements apply to the use of the file(s) released or any data derived from such files(s).
This agreement pertains to the release of the following HCFA data:

Filename(s)	Year(s)

(Requestor Name--First and Last)

(Company/Organization)

(Street Address)

(City, State and ZIP Code)

(Phone Number--Including Area Code) ORD#(if applicable)

A. **The Requestor shall make no attempt to identify any specific individual whose record is included in the file(s). No attempt will be made to unencrypt any person-level data in the file(s).**

B. **Without written approval from HCFA, the Requestor shall neither convey the records or any copy thereof, nor disclose any raw data therefrom, to any other person, except to contractors for purposes of data processing or storage. The Requestor shall require any such contractor to agree not to release any information from the records and not to retain any copy of the data after performing the service provided for in the contract.**

C. Absent express written authorization from HCFA, the Requestor shall make no attempt to link records included in the file(s) to any other beneficiary-specific source of information.

D. The Requestor shall neither publish nor release any information that is derived from the file(s) and that could reasonably be expected to permit deduction of a beneficiary's identity.

E. Appropriate administrative, technical, procedural, and physical safeguards shall be established by the Recipient to protect the confidentiality of the data and to prevent unauthorized access to it. The safeguards shall provide a level of security that is at least comparable to the level of security referred to in OMB Circular No. A-130, Appendix III

-- Security of Federal Automated Information Systems which sets forth guidelines for security plans for automated information systems in Federal agencies.

F. For each file, the Requestor shall pay the standard fee, established by HCFA.

G. In the event the Requestor makes an unauthorized disclosure of these data, HCFA may impose any or all of the following measures: (1) request a formal response to any allegation of an unauthorized disclosure, (2) require the submission of a corrective action plan formulated to implement steps to be taken to alleviate the possibility of any future unauthorized disclosure; (3) require the return of the data; and/or (4) sanction against further release of HCFA data to the organization/requestor in question.

H. The Requestor acknowledges that criminal penalties under section 1106(a) of the Social Security Act (42 USC 1306(a)), including possible imprisonment, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of the agreement. The Requestor further acknowledges that criminal penalties under the Privacy Act (5 USC 552a(I)(3)) may apply if it is determined that the Requestor, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses.

1. **(Requestor name and title--typed or printed)**

2. (Signature) (Date)

3. (Typed or printed name of custodian of files, if different)

4. (Signature) (Date)

5. (Typed or printed name/agency/telephone number of Federal representative)

6. (Signature) (Date)

(Rev-97)

STANDARD ANALYTICAL FILES

These files are available by type of claim or collectively as a group. The 5% sample is created based on selecting records with 05, 20, 45, 70 or 95 in position 8 and 9 of the Health Insurance Claim (HIC) number. Provider numbers and beneficiary claim numbers are encrypted in the 5% files to protect the privacy of individuals.

These files contain final action adjustments resolved claims and are created annually in July for the prior calendar service year. (This 18-month window captures 98% of the claims.)

In the 100% file, the provider number is encrypted and the beneficiary claim number is blocked out. (See page 5 and 6 for matrix rules)

	5% File	100% Files	Beneficiary State of Residence Files 100% Files
--Phys/Supplier Part B***	$4,725.00	n/a*	$4,700.00**
--Outpatient***	$3,150.00	$18,150.00	$6,000.00
--Inpatient	$2,625.00	$12,100.00	$4,000.00
--Home Hlth Agency	$2,100.00	$6,050.00	$2,000.00
--Hospice	$2,100.00	$6,050.00	$2,000.00
--SNF	$1,050.00	$2,750.00	$1,000.00
--DME Claims (DMERC)	$3,000.00	n/a*	n/a*
Totals	$15,750.00	$45,100.00	$19,700.00

These prices are for each yearly file. The DME data are available from 1994 to 1995, the Physician/Supplier Part B are available for the years 1991 and 1992 through 1995. All other files are available for the years 1989 through 1995. Physician/Supplier 5% Sample data for calendar years 1988 through 1990 are available on the BMAD Beneficiary File described on page 1.

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

Media: Tape/Cartridge
File cost is per year

Recording Format:
1. Variable Length
2. Multiple Linked files (fixed length, unpacked records to be used by non-mainframe)

* n/a-100% Physician-Supplier file not provided due to file size
**5% Physician/Supplier Part B File
***See Section VII: Copyright

[Calendar year 1996 files will be available after September 1997.]

(See page 4 for futher DMERC description)

EXPANDED MODIFIED MEDPAR-HOSPITAL (NATIONAL)

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services.* The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice. The national file consists of approximately 11 million records.

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register, usually available by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of the fiscal year (December file).

2. Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

*The file is a federal fiscal year which specifies discharges occurring October 1 through September 30.

Media:	Tape/Cartridge
File Cost:	$3,415.00 per year
Periods Available:	FY 1988 through FY 1996

EXPANDED MODIFIED MEDPAR-HOSPITAL (STATE)

Expanded Modified MEDPAR-Hospital extracted by State or Beneficiary Residence

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services. The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice. This is a subset of the Expanded Modified MEDPAR-Hospital (National as described on page 2).

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register and usually available by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of fiscal year (December file).

2. Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

Media:	Tape/Cartridge
File Cost:	$1,050.00 per State per year
Periods Available:	FY 1988 through FY 1996

EXPANDED MODIFIED MEDPAR-SKILLED NURSING FACILITY

This file is stripped of most data elements that will permit identification of beneficiaries. The Skilled Nursing Facility (SNF) is identified by the six position Medicare billing number. The file contains records for 100% of Medicare beneficiaries who use SNF services. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice.

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

Media:	Tape/Cartridge
File Cost:	$715.00 per year
Periods Available:	FY 1990, FY 1991, and FY 1996

PHYSICIAN SAMPLE FILE (FORMERLY: BMAD PROVIDER FILE)

This file contains detailed line item information from claims submitted by physician/suppliers. Provider numbers and beneficiary claim numbers have been encrypted to protect the privacy of individuals.

A SIGNED DATA RELEASE (DRA) AGREEMENT REQUIRED.

Media:	Tape/Cartridge
File Cost:	$3,535.00 per year
Periods Available:	CY 1991 through CY 1995

5% SAMPLE DURABLE MEDICAL EQUIPMENT (DME) 100% STANDARD ANALYTIC FILE (SAF)

Beginning October 1, 1993, HCFA changed the way it handled the reporting of DME claims. The establishment of DMERCs regionalized the processing for most of these claims. The transition period for this new procedure occurred between October 1, 1993 and June 30, 1994. During the phase-in, DME suppliers submitted claims for payment using the old method and the new. The 1995 file contains approximatley 30 million records. The 1994 DME file contains claims for the last quarter of 1993 and includes all 1994 DME claims submitted to DMERCs. Some DME claims will continue to be submitted through local carriers.

Media:	Tape/Cartridge
Cost:	$3,000.00 File cost is per year

See page 1 for years available

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

DENOMINATOR FILE

The Denominator File combines Medicare beneficiary entitlement status information from administrative enrollment records with third party payer information and GHP enrollment information. The Denominator File contains data on all Medicare beneficiaries enrolled and/or entitled in a given year. Like the HISKEW File, it is an abbreviated version of the Enrollment DataBase (EDB) (selected data elements). It does not, however, contain data on all beneficiaries ever entitled to Medicare; it contains data only for beneficiaries who were entitled during the year of the data.

Media:		Tape/Cartridge
Cost:	5% File	$2,000.00
	100% File	$9,000.00
		File cost is per year.

These data are available annually in May of the current year for the prior year. Available 1994-1995

(See page 12 and 13 for matrix encryption rules).

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

HEALTH SKELETON ELIGIBILITY WRITE-OFF (HISKEW) FILE

The HISKEW File is a subset ("skeleton") of the data elements of the EDB, but, like the EDB, it contains data for every beneficiary ever entitled to Medicare.

Media:		Tape/Cartridge
Cost:	5% File	$4,000.00
	100% File	$15,000
		File cost is per year

(See page 12 and 13 for matrix encryption rules)

These data are available annually in May of the current year for the prior year. Available 1994-1995

A SIGNED DATA RELEASE AGREEMENT (DRA) REQUIRED.

BENEFICIARY ENCRYPTED DATA FILE ELEMENTS

DATA ELEMENT	HHA 5% - 100%	HSP 5% - 100%	I/P 5% - 100%	SNF 5% - 100%	O/P 5% - 100%	P/S*** 5% - 100%	DME 5% - 100%
1. HIC	E --- B	E --- B	E --- B	E --- B	E --- B	E --- N/A	E --- N/A
2. CATEGORY EQUATABLE BIC	E --- B	E --- B	E --- B	E --- B	E --- B	E --- N/A	E --- N/A
3. BIC	B --- B	B --- B	B --- B	B --- B	B --- B	B --- N/A	B --- N/A
4. ZIP CODE:							
- PHYSICIAN						B --- N/A	
- BENEFICIARY	B --- B	B --- B	B --- B	B --- B	B --- B	B --- N/A	B --- N/A
5. DATES:							
- FROM	B --- B	B --- B	B --- B	B --- B	B --- B	B --- N/A	B --- N/A
- THRU	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ --- N/A	YQ --- N/A
- ADMISSION		YQ --- YQ	YQ --- YQ	YQ --- YQ			
- DATE OF BIRTH	R --- R	R --- R	R --- R	R --- R	R --- R	R --- N/A	R --- N/A
6. PATIENT CONTROL NUMBER	B --- B	B --- B	B --- B	B --- B	B --- B		
7. MEDICAID PROVIER ID NO.	E --- E	E --- E	E --- E	E --- E	E --- E		
8. CLAIM MEDICAL RECORD NO.	B --- B	B --- B	B --- B	B --- B	B --- B		
9. BENEFICIARY NAME			B --- B	B --- B			
10. CLAIM APPRO. GRACE DAY CT			B --- B	B --- B			
11. CLAIM APP. SERVICE FROM DATE			B --- B	B --- B			
12. CLAIM APP. SERVICE THRU DATE			B --- B	B --- B			
13. CWFB PROVIDER TAX NO.						E --- N/A	E --- N/A
14. PROFILING NO. - PERFORMING						E --- N/A	
15. PROFILING NO. - REFERRING						E --- N/A	
16. CLAIM PRIMARY CARE PHY. ID #**	E --- B	E --- B	E --- B	E --- B	E --- B		
17. CLAIM PRINCIPAL PROC. PHY. ID**			E --- B	E --- B	E --- B		
18. CLAIM OTHER PHYSICIAN ID NO.**			E --- B	E --- B	E --- B		
19. PERFORMING PROVIDER UPIN						E --- N/A	
20. CLAIM REFERRING PHY. UPIN						E --- N/A	
21. CLAIM ORDERING PHY. UPIN							E --- N/A

E -- ENCRYPTED B -- BLANKED R -- RANGE YQ -- YEAR & QUARTER

DATA ELEMENT SELECTIONS ARE TREATED AS 5% SELECTIONS.

** POSITIONS 1-6 SHOULD BE ENCRYPTED USING THE UPIN ENCRYPTION. POSITIONS 7-10 SHOULD BE BLANKED.

*** PHYSICIAN/SUPPLIER 100% - BENEFICIARY STATE OF RESIDENCE LEVEL ONLY

BENEFICIARY ENCRYPTED DATA FILE ELEMENTS

DATA ELEMENT	DENOM 5% -100%	HISKEW 5% -100%
1. HIC	E ---- B	E ---- B
2. CATEGORY EQUATABLE BIC	E ---- B	
3. BIC	B ---- B	E ---- B
4. ZIP CODE:		
- BENEFICIARY	B ---- B	B ---- B
5. DATES:		
- DATE OF BIRTH	B ---- B	R ---- R
6. BENE. RESIDENCE CHANGE DATE		B ---- B
7. BENE. SOCIAL SECURITY NUMBER		B ---- B
8. X-REF BENE. CLAIM ACCOUNT NO.		B ---- B
9. X-REF BENE. IDENTIFICATION CODE		B ---- B
10. BENE. DEATH DATE	B* ---- B*	B* ---- B*
11. BENE. SSA BENEFIT PAYMENT CODE		B ---- B

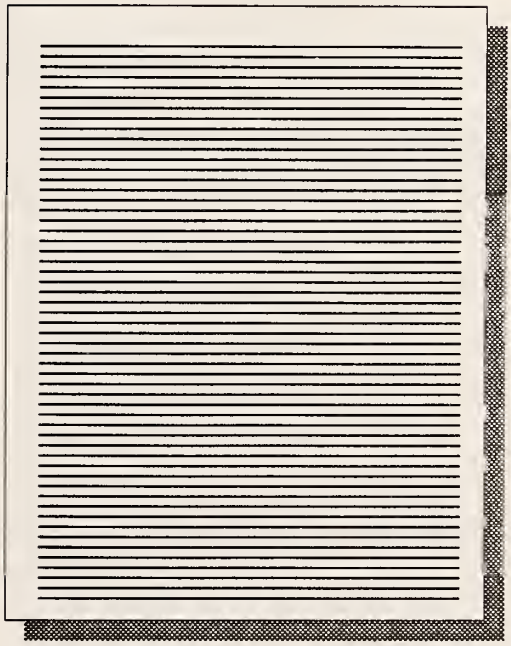
E -- ENCRYPTED B -- BLANKED R -- RANGED

B* - THIS FIELD WILL BE BLANKED UNLESS THERE IS A "V" IN THE VALID DAY OF DEATH FIELD.

DATA ELEMENT SELECTIONS ARE TREATED AS 5% SELECTIONS.

SECTION VII

COPYRIGHT



Copyrighted Material

Some material contained in certain Public Use Files is copyrighted by the American Medical Association (AMA) or the American Dental Association (ADA). Under the terms of the agreements between the Health Care Financing Administration (HCFA) and the AMA and the ADA, the copyrighted material may only be used for purposes directly related to participating in HCFA programs. Permission for any other use must be obtained from the AMA and/or the ADA.

Specifically, the 5-character numeric procedure codes and 2-character numeric modifiers (and the descriptors for both), which are used to report physicians' services on Medicare claims, are copyrighted by the AMA. They comprise the AMA's Current Procedural Terminology, Fourth Edition (CPT-4). The CPT-4 is available from the American Medical Association, 515 North State Street, Chicago, Illinois 60610 (telephone 1 (800) 621-8335). The 5-character alpha-numeric procedure codes beginning with D (and their descriptors), which reflect dental services, are copyrighted by the ADA. They comprise the ADA's Current Dental Terminology--Second Edition (CDT-2). The CDT-2 is available from the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

Because these codes are used on Medicare claims, some of the copyrighted codes and/or descriptors may appear in the following Public Use Files:

HCFA Common Procedure Coding System (HCPCS) (Alpha-Numeric Portion)
Ambulatory Surgical Center (ASC) Eligibility File
HCPCS by Berenson-Eggers Type of Service (BETOS) Codes
Clinical Laboratory Fee Schedule
Annual Physician Fee Schedule Transition (National) File
Annual Physician Fee Schedule Transition (Carrier) File
Physician Fee Schedule Relative Value Unit (RVU) File
Part B Procedure File
Physician/Supplier Part B Standard Analytical File
Outpatient Standard Analytic File

CPT-4 and CDT-2 codes and descriptors are not public property and must always be used in compliance with copyright law. Permission for any other use must be obtained from the AMA and/or the ADA, as appropriate.

You may be required to sign a statement agreeing to abide by the terms of this copyright before receiving the Public Use Files listed above.

SECTION VIII

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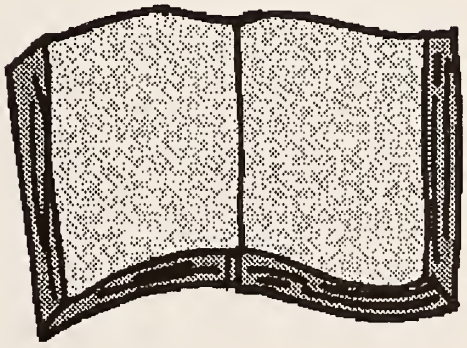
ATTACHMENTS



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C. PUBLICATIONS INQUIRIES AND DOCUMENTATION REQUESTS

D. HCFA COMMON PROCEDURE CODING SYSTEM

E. INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION CLINICAL MODIFICATION AND DATA FILE AND SOFTWARE FROM HCFA

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ATTACHMENTS

OTHER AVAILABLE DATA

The following information is furnished in response to frequent questions about other available data and data sources.

This data source is not furnished by the HCFA Public Use Files Area. Address your inquiries to the source as indicated.

Attachment A

HCFA REGIONAL OFFICES

I. BOSTON REGIONAL OFFICE
John F. Kennedy Federal Building
Room 2325
Boston, Massachusetts 02203-2200
(617) 565-1258
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

II. NEW YORK REGIONAL OFFICE
26 Federal Plaza, Room 3811
New York, New York 10278-0063
(212) 264-8289
New Jersey, New York, Puerto Rico, Virgin Island

III. PHILADELPHIA REGIONAL OFFICE
3535 Market Street, Room 3100
Philadelphia, Pennsylvania 19101-3363
(215) 596-0571
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

IV. ATLANTA REGIONAL OFFICE
101 Marietta Street, Suite 701
Atlanta, Georgia 30323-2711
(404) 331-0135
Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi, Tennessee

V. CHICAGO REGIONAL OFFICE
105 West Adams, 15th Floor
Chicago, Illinois 60603-6201
(312) 353-0923
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

VI. DALLAS REGIONAL OFFICE
1200 Main Tower Building
Room 2000
Dallas, Texas 72502-4305
(214) 767-6428
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

VII. KANSAS CITY REGIONAL OFFICE
New Federal Office Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808
(816) 426-3539
Iowa, Kansas, Missouri, Nebraska

HCFA REGIONAL OFFICES
(continued)

VIII. DENVER REGIONAL OFFICE
Federal Office Building
1961 Stout Street, Room 1185
Denver, Colorado 80294-3538
(303) 844-6136
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

IX. SAN FRANCISCO REGIONAL OFFICE
75 Hawthorne Street, 4th Floor
San Francisco, California 94105-3903
(415) 744-2934
American Samoa, Arizona, California, Guam, Hawaii, Nevada

X. SEATTLE REGIONAL OFFICE
2201 Sixth Avenue
Mail Stop RX 40
Seattle, Washington 98121-2500
(206) 553-0534
Alaska, Idaho, Oregon, Washington

CURRENT PROCEDURAL TERMINOLOGY (CPT)

Published information on the CPT's can be obtained from:
American Medical Association (AMA),
Telephone Number: 1-800-621-8335
Fax Number: 312-464-5600

American Medical Association
Coding Clearing House
515 North State Street
Chicago, IL 60610

CURRENT ICD-9-CM

Published information on the ICD-9 can be obtained from:
MED-INDEX
Telephone Number: 1-800-999-4618
Fax Number: 801-536-1011

MED-INDEX
5225 Wiley Post Way
Suite 500
Salt Lake City, UT 84116

DIAGNOSIS RELATED GROUP (DRG)

Published information on the DRG can be obtained from:
3M Health Information Systems
1-800-447-3828
Fax Number: 203-949-6331

3M Health Information Systems
100 Barnes Street
Wallingford, CT 06492

U.S. Government Printing Office (GPO)

http://www.access.gpo.gov/su_docs

HealthCare: 202-512-1800
Fax: 202-512-2250
Tape: 202-512-1530

Publications Inquiries and Documentation Requests

Office of Operations Support
Office of Research and Demonstrations
7500 Security Boulevard - C3-11-07
Baltimore, Maryland 21244-1840
Hotline: (410) 786-6584
Fax Number: (410) 786-5534

HCFA Medicare Publications

Health Care Financing Administration
Medicare Publication
7500 Security Boulevard - N1-26-27
Baltimore, Maryland 21244
(410) 786-7843
Fax Number: (410) 786-4786

Medicare Current Beneficiary Survey

Health Care Financing Administration
Office of the Acturary
7500 Security Boulevard - N3-04-03
Baltimore, Maryland 21244
(410) 786-0068

HCFA Information Systems Development Guide (HISDG)

Health Care Financing Administration
BDMS-Office of Information Resource Management
7500 Security Boulevard - N3-16-04
Baltimore, Maryland 21244
(410) 786-3021

Office of Health Care Information Systems

Information Processing Board
7500 Security Boulevard
Baltimore, Maryland 21244
Hotline (410) 786-3689

a. Data User Reference Guide
b. HCFA Statistics

HCFA Common Procedure Coding System (HCPCS)

1994 Data File: Item No. PB94-500154GEI (Non-CPT Portion)
1995 Data File: Item No. PB95-500344 (Alpha-Numeric Portion)
1996 Data File: Item No. PB96-500244GEI (Alpha-Numeric Portion)

Cost $240.00

Media: 9-//track Tape or 3480 Cartridge, 1600BPI or 6250BPI, ASCII or EBCDIC

1996 HCPCS: Item No. PB96-500582
Media: Diskette
Address Request To: National Technical Information Service
5285 Port Royal Road
Springfield, Virginia 22161
Cost: $140.00

Telephone Number: (703) 487-4650
Fax Number: (703) 321-8547

HCFA Common Procedure Coding System (HCPCS)

1994 Document Number: 017-060-00560-2 (Non-CPT Portion)
1995 Document Number: 017-060-00575-1 (Alpha-Numeric Portion)
1996 Document Number: 016-048486-3 (Alpha-Numeric Portion)

Cost $16.00

Address Request To: Superintendent of Documents
Government Printing Office
732 North Capitol Street, N.W.
Washington, D.C. 20401

(202) 512-1800

See Section VII: Copyright

International Classification of Diseases, 9th Revision. Clinical Modification, Fourth Edition. Volume 1, Disease Tabular List. Volume 2, Diseases Alphabetic Index

Prepared by the Public Health Service, Rockville, Md.

The International Classification of Diseases, 9 Revision, Clinical Modification (ICD-9-CM) is based on the official version of the World Health Organization's 9th Revision, International Classification of Diseases (ICD-9-CM), ICD-9 is designed for the classification of morbidity and mortality information for statistical purposes, and for the indexing of hospital records by disease and operation, for data storage and retrieval. Historical background may be found in the Introduction to ICD-9. Volume 2 is the Alphabetic Index to Volume 1, Diseases: Tabular List, of the International Classification of Diseases, 9th Revision, Clinical Modification. The Alphabetic Index is an important supplement to the Tabular List since it contains many diagnostic terms which do not appear in Volume 1.

Order number PB92-173285NDT. $182. Outside the U.S., Canada, and Mexico, the price is $364.

Call (703) 487-4650

National Technical Information Services
703-487-4650
703-321-8541 - Fax Number

Datafiles and Software from HCFA

Prepared by the Health Care Financing Administration

This product contains manuals, datafiles, and software from the Health Care Financing Administration. Available software includes Physician Claim Entry System, Medicare Code Editor, GROUPER, and PRICER. Some examples of datafiles are: Geographic Medicare Economic Index, HCFA Common Procedure Coding System, Hospital Data by Geographic Area for Aged Medicare Beneficiaries, and Refining the Malpractice Geographic cost Index.

To receive descriptions of these and other products from HCFA, call (703) 487-4650 and ask for free catalog PR-821NDT.

Attachment F

MEDICAID STATISTICS

Program and Financial Statistics
Fiscal Year 1992

GENERAL QUESTIONS OR COMMENTS - PUBLICATION FORMAT OR CONTENTS

Roger Buchanan
Medicaid Bureau
Office of Medicaid Management
Division of Program Performance
Statistical Analysis Branch
7500 Security Boulevard
C4-13-01
Baltimore, Maryland 21244-1840
(410) 786-5903

Denise Franz
Publication Coordinator
(410) 786-3397

Additional copies of this document may be obtained by contacting the National Technical Information Services (NTIS). For your convenience, the NTIS Order Numbers are listed below for current and prior years.

1. FY1994 PB96125760
2. FY1993 PB94195120
3. FY1992 PB94100112
4. FY1991 PB93140754

NTIS Sales Desk: (703) 487-4650
8:30 a.m. - 5 p.m. Eastern Time
Fax Number: (703) 321-8541

Attachment G

HCFA'S LAWS, REGULATIONS, MANUALS
on CD-ROM

Vendor/Supplier

U.S. Government Printing Office
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

Contact:
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Include Check or Money Order
Include the Shipping address

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Release Frequency: Monthly

Price: $274.00 per year (12 monthly updates)
$30.00 per single disc

- - - - - - - - - - -

Equipment: IBM Compatible PC
DOS 3.1 or Higher
CD-ROM Reader
Memory Minimum 500K
2MB hard disk space

WHAT'S INCLUDED

HCFA PROGRAM MANUALS
- Carrier QA Handbook
- Christian Science Sanitorium
- Coverage Issues
- Federal Qualified HMOs
- HMO/CMP
- Home Health Agency
- Hospice
- Hospital
- Medicare Carriers
- Medicare Intermediary
- Outpatient Physical Therapy
- Peer Review Organization
- Provider Reimbursement
- Regional Office
- Renal Dialysis Facility
- Rural Health Clinic and Federally Qualified Hlth Center
- Skilled Nursing Facility
- State Buy-in
- State Medicaid
- State Operations

CODE OF FEDERAL REGULATIONS
- Title 42 (400 - 498) Medicare/Medicaid

  Updated Version through Daily <u>Federal Register</u> Final Rules and Correction Notices Annual Reprints for October 1, 1991, 1992, 1993, 1994

Title 42 (1000 - end) Public Health (annual reprints)

Title 45 (1-499) Public Welfare (annual reprints)

SOCIAL SECURITY ACT
- Title 11 PROs
- Title 18 Medicare
- Title 19 Medicaid

OTHER
- Program Memoranda
- Departmental Appeals Boards (DAB) Decisions
- Provider Reimbursement Review Board (PRRB) Decisions-FY 94 on
- Daily <u>Federal Register</u> Preambles 10-1-93 on

Attachment H

FEDERAL REGISTER NOTICES ON THE 1994 PHYSICIAN FEE SCHEDULE

Date of publication and availability of "Revision to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1994 (BPD-770-FC)" and "Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update for Calendar Year 1994 (BPD-774-FNC)"

The referenced documents were published in the Federal Register on December 2, 1993. Copies of BPD-770-FC and BPD-774-FNC will be available in paper form and on personal computer diskettes form the U.S. Government Printing Office (GPO). To order paper copies of the Federal Register containing the documents, send request to:

New Orders
Superintendent of Documents
PO Box 371954
Pittsburgh, PA 15250-7954

Specify Stock Number 069-001-00063-7 and enclose a check or money order payable to the Superintendent of Documents, or enclose a Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 783-3238 or by facing to (202) 275-6802. The cost for each paper copy is $4.50.

Copies of the source files for this document can also be purchased on high density 3.5-inch personal computer diskettes from the GPO by requesting Stock Number 069-001-00064-5. The file formats on the diskettes are Word Perfect 5.1, Lotus 123 (version 2.2) and dBase IV. The diskettes will be accompanied by the printed Federal Register document. The cost of the diskettes with paper copy is $17.00.

National Listing of Medicare Providers Furnishing Kidney Dialysis and Transplant Services is now available from: Pub #017-060-00587-4

Superintendent of Documents
Government Printing Office
Washington, D. C. 20402

Telephone Number: (202)783-3238

Technical Contact
Michael Collett
(410) 786-6121

Release information on the Unique Physician Identification Number (UPIN)

This directory was published in 1991 with updated supplements published for 1992 through 1995. The current supplement covers All States. The stock number and prices are shown below.

1995 UPIN Directory Supplement	Stock #016048079-5	$21.00

To obtain a hardcopy contact:	United States Government Printing Office Superintendent of Documents 4th Floor, Stop SSM Union Center Plaza Washington, D.C. 20402 (202) 512-1800
To obtain an electronic version (tape) contact:	United States Government Printing Office Electronic Products Sales Department P.O. Box 37082 Washington, D.C. 20402 (202) 512-1530
Tape Specifications:	EBCDIC or ASCII 6250 BPI IBM Standard
Record Layout:	General Data Descriptions File Descriptions
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